								Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003										1072/148			
CLAIMS AS FILED - PART I (Column 1) (Column 2)								MALL E	NTITY	OR	OTHER SMALL		
TOTAL CLAIMS			20			_	[RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		I	BASIC FE	€ 385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			<i>10</i> minus 20=		•		Ī	X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			3 minus 3 =		*		l	X43=		OR	X86=		
MU	LTIPLE DEPEN	IDENT CLAIM PF	RESENT					+145=		1	+290≃		
* If the difference in column 1 is less than zero, enter "0" in column 2							l	TOTAL		OR OR	TOTAL		
. CLAIMS AS AMENDED - PART II								IOIAL	L	JON	OTHER	THAN	
1-10-05 (Column 1)					(Column 2) (Column 3)			SMALL ENTITY		OR	SMALL		
AMENDMENT'A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID I	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
DME	Total	. 1/	Minus	* Z	0	= B		X\$ 9=		OR	X\$18=		
MEN	Independent	. 2	Minus	***	3	= 8	I	X43=	1/	OR	X86=	7	
4	FIRST PRESE	NTATION OF ML	ILTIPLE DEP	PLE DEPENDENT CLAIM			·	+145=	1/	OR	+290=		
							L	TOTAL	1/		TOTAL		
(Column 1) (Column 2) (Column 3)								ODIT. FEE	Ц	1011	ADDIT. FEE		
NT B		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO	EST BEA OUSLY .	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
DME	Total	*	Minus	**		= ·		X\$ 9=		OR	X\$18=		
AMENDMENT	Independent	•	Minus	***		= :	1	X43=		OR	X86=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM.								+145=.		OR	+290=		
70								TOTAL			TOTAL	-	
								IDDIT. FEE	L	ı~'`	ADDIT. FEE		
-		(Column 1) CLAIMS		(Colun	EST	(Column 3)	٠,٢		ADDI-	} !		ADDI-	
υ F	•	REMAINING AFTER		NUMI PREVIO	ÚSLY .	PRESENT EXTRA	·	RATE	TIONAL		RATE	TIONAL	
AMENDMENT C	Total	AMENDMENT	Minus	PAID	FOR :	=		X\$ 9=	FEE		X\$18=	FEE	
END	Total Independent	*	Minus	***		=				OR			
¥	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							X43= .		OR	X86=		
								÷145=		OR	+290=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR	TOTAL ADDIT. FEE		
	CAL - 41 II-band Bire	mber Previously Pa ber Previously Pak	id For IN THE	S SPACE I	s iess tha	n 3. enter "3."		nd in the ap	opropriate bo	x in co	lumn 1.		
	:												